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## ON MORAL MEDICINE.

FROM A LECTURE BY CHARLES CALDWELL, M.D., LEXINGTON, KY.

THE manners and general character of a physician, more especially his deportment in sick rooms, are a source of moral impression on his patients, much more influential than it is usually supposed to be. If they are harsh and blustering, or marked, in any way, with incivility, or a want of feeling, they impress disagreeably and *injuriously*, and always ought to procure, as they often do, the dismissal from employment of him who practises them. If, on the contrary, they are mild, affable and kind, courteous, attractive and dignified—such, in all respects, as characterize a gentleman and a man of feeling—they cannot fail to do much good. A cheering lenitive to pain and distress, they tend *directly* to assuage irritation and anxiety, and minister to hope; and, in doing this, they contribute *indirectly* to calm and relieve a throbbing brow and an aching head, cool the burning of a fevered hand, and almost occasion, in the sufferer, a forgetfulness of his disease. These effects they produce on a two-fold ground; the bland and soothing impression they *immediately* make on the patient's brain, which diffuses its benign influence throughout his system; and the confidence they beget, and the gratitude and affection toward his physician, which they awaken in his mind. They thus put his brain into so good a condition, as to enable it to do its duty the better to the other parts of his body. For the true and only mode of successful practice is, to restore the controlling organs to soundness, and they will produce on the subordinate ones a similar effect. These latter considerations are peculiarly important. The physician, who possesses the confidence and attachment of his patients, can scarcely fail to be successful in his practice. Beyond a doubt, other things being alike, he will be more successful *with* such moral aids, than he could be without them.

On certain well-known principles of human nature, the same remedies administered by a favorite practitioner, in whom confidence is reposed, will prove much more beneficial, than if they came from one to whom the sick are indifferent, in whose skill they do not confide, or whom they have reason to dislike. Nor is disgust of a medicinal article much less prejudicial, than antipathy to him who prescribes and prepares it. Hence the propriety of making medicines as grateful as possible to the taste. It is the result of experience, as well as a fair deduction from principle, that, other things being equal, a medicinal substance disagreeable to the taste, contributes less toward the removal of

disease, than one which is pleasing to it. On the principles of moral medicine, this may be easily explained. As already stated, the brain is the seat of every form of feeling. All disagreeable feelings, therefore, (of which an offensive taste is not the least operative and repulsive) are irritants to that organ, produce in it some sort of unnatural action, and not only injure it *immediately*, but the rest of the system *indirectly*, through its influence. I do not say that I have never known pills and powders, potions and boluses, swallowed reluctantly and with feelings of disgust, to be productive of good; but I do say, that I have known them to do mischief, in cases where they were not improper in themselves. For the same reason offensive smells, loud, harsh, and disagreeable sounds, and strong light are detrimental to the health of the infirm and sensitive, and more especially to those who are already suffering from a cephalic complaint. By acting immediately and deleteriously on the brain, they injure secondarily the rest of the system. Hence the necessity of silence, darkness, and unadulterated air in the wards and chambers of patients laboring under cerebral affections, more especially when connected with fever.

On the same ground, all corroding and strongly exciting passions, such as grief, fear, anxiety, anger, hatred, and revenge, are prejudicial to the sick. They consist of excessive and therefore deleterious action in the brain, vitiating its influence, and unfitting it for the salutary superintendence of the system. The victims they consign to the grave are innumerable. This is more especially true of fear, during the prevalence of epidemic complaints supposed to be contagious. On such occasions, that passion is not only a frequent and exciting cause of disease, but often swells very appallingly the bills of mortality, by deepening the malignity of the complaint, paralyzing hope, one of the chief conservators of life, and weakening the recuperative powers of the sick. Yet how rarely is it true that epidemics are contagious? After a course of observation and inquiry, pursued attentively for thirty years, mingled with no inconsiderable share of experience, my conviction is decided, that within that period, epidemic smallpox excepted, no *contagious epidemic* has prevailed in the United States. That this opinion is opposed to that of a majority, perhaps a very large one, of the physicians of our country, I have not now to learn. That consideration, however, does not move me. My endeavor is, to make my views conform to *facts*, regardless of their discrepancy with the views of others. And, on that ground, I have no hesitation in considering a belief in the contagious nature of yellow fever, plague, cholera, influenza, and peripneumonia typhodes, as unfounded as a belief in necromancy or witchcraft. Nor have I any solid reason to say less of a belief in the contagious nature of measles. And, in time to come, when ignorance and prejudice shall have given way to a brighter day of knowledge, such, I feel persuaded, will be the opinion of the world. But I am not yet done with the influence of malign impressions on the brain, in producing particular forms of disease.

Fear, grief, despair, jealousy, rage, ambition, disappointed love, and excessive religious enthusiasm are often the productive cause of insanity.

So are paroxysms of inordinate joy, and other forms of strong moral impression ; and the same causes induce also vertigo, hemorrhagy, fever, epilepsy, paralysis, apoplexy, and sudden death. Of excessive study, long-protracted watchfulness, deep anxiety, and every other source of high cerebral excitement, the same is true. In persons predisposed to mental derangement, all such causes, acting as irritants on the brain, contribute to its development, and should, therefore, as far as possible, be avoided.

Nor, as already suggested, do these causes confine their action to the brain. They often throw it indirectly on the lungs, in the form of consumption, and on the chylipoietic organs, producing dyspepsia, gastrodynia, colic, gastritis, and other kinds of abdominal derangement. From the same source spring, occasionally, jaundice, hepatitis, and intestinal inflammation. In females, whose sensibility, as already mentioned, is more acute, and their sympathies more active and pervading than those of men, cerebral irritation often produces serious uterine affections. This is true in a more especial manner, as respects the gravid uterus, abortion, and permanent injuries to the fetus resulting from the influence of the passions, as a very frequent occurrence. Nor, as might be easily shown, do the skin, kidneys, and heart escape mischief from it. Indeed, excessive passion consisting in a state of inordinate and deleterious cerebral irritation, and the brain being, as already stated, the governing organ, it is impossible for any other portion of the system to escape.

The moral treatment of fever consists in the exclusion of all deep sensations and irritative cerebral impressions. Darkness and silence, the mildest kind of food and drink, an atmosphere pure, odorless, and pleasant in temperature, and perfect cleanliness of skin and clothing, are essential. I say the atmosphere of sick rooms should be "odorless ;" and to this I attach much more importance than is usually done by medical writers. That the influence of odors on the brain is highly exciting and often deleterious, cannot be doubted. Hence the sickness and fainting which proceed from it, in some cases, and the fierce passions and temporary madness, in others. The effect of certain smells on the brains of the inferior animals, producing in them, in some instances, the wildest fear, and, in others, ungovernable fury, is matter of notoriety to every observer.

As respects personal purity, its moral influence is not, in general, duly appreciated. On many individuals it is powerful, and acts more or less favorably on all. I once knew a lady of excellent intellect and high accomplishments, but unusually sensitive on the subject of cleanliness, thrown into convulsions and nearly destroyed, by being maliciously told that her breath and perspiration had an unpleasant odor—an assertion the more reprehensible, because it was untrue. And a conviction of that, kindly but firmly impressed on the patient's mind, proved peculiarly medicinal.

The attention of the nurse should be so vivid and faithful, as to satisfy, on that point, the wishes of the sick ; her treatment should be kind, and her manners affectionate, and the deportment of the physician, as already stated, should embody everything calculated to soothe distress,

cherish hope, and inspire confidence. With a countenance marked with tempered cheerfulness, his manners and conversation should be equally remote from mirth and moroseness, gloom and levity, and he should do nothing to produce in his patient either alarm and despondency, or undue buoyancy and elevation of spirits. In fine, his professional ethics being judiciously regulated, and his intercourse with the sick grateful and encouraging, are measures which enhance not a little the moral of his practice.

In convalescence from most diseases, especially if it be accompanied by depression of mind, the moral impression produced by cheerful society judiciously indulged in, as well as that by interesting and pleasant amusements, is highly beneficial. By exciting the brain, in a salutary manner, and to the proper extent, it restores to it its lost strength, and enables it to communicate again its invigorating influence to the other parts of the system. For the brain is as certainly strengthened by suitable exercise, as the muscles of voluntary motion. Hence circulation, arterialization, nutrition, secretion, and all the other functions of the system are improved in their character, and health and strength are established and confirmed. In those who are enfeebled and dispirited by disease, the steady maintenance of the hope of recovery is peculiarly important. It is highly medicinal to a large and powerful organ of the brain, and through that to the system at large. To this point, therefore, physicians and nurses should be strictly attentive. Neither doubt nor despondency should cloud their countenances; nor should they express in words, or signify by actions, the slightest discouragement. Even to those who are in health, hope is *much*, to confirm them in their resolutions, and cheer them in their toils. But to the sick and enfeebled it is *everything*—their sun-light by day, their dream of joy and well-being by night, and their balm and consolation under all they endure. Their chief life-giver and source of enjoyment, to extinguish it would be to destroy. Hence the delicate and precarious task a physician has to perform, when he is called upon to prognosticate the issue of a disease. Should he predict recovery, and the complaint prove fatal, his reputation suffers; and, if his prediction be unfavorable, it may aid not a little in its own fulfilment. In diseases of danger, therefore, a physician should never prognosticate, except under circumstances he cannot resist.—*Transylvania Med. Jour.*

#### ON PERCUSSION.

FROM DR. BELL'S PRIZE DISSERTATION.

In examining by percussion, the points mainly to be attended to, are the following. The patient should be in a still, quiet apartment, and in a standing posture, or at least sitting up, as laying in contact with a yielding substance, such as a mattress or bed, or even a stuffed easy-chair, detracts essentially from the clearness and accuracy of the sounds. I have ever found the standing position, when the strength of the patient is such as to admit of it, to be that which is best suited to the object in

view. In this position, I am persuaded that the muscles and integuments of the thorax are rendered more tense, and the subjacent organs are by their gravity thus prevented from being pressed against the diaphragm, and thus deadening the resonance. The patient, if the percussion is to be made immediately or directly, should have on a thin dress, certainly not more than a single thickness, to prevent a certain *clattering or clacking* sound, as it has been termed, which results from the contact of the patient's skin and the naked fingers. A glove on the operator's hand, effects the same result. As was before remarked, great caution should be taken that the blow should be made suddenly, by the motion of the wrist mainly, the fingers accurately ending in the same plane, the blow being made perpendicularly with the extremities, and not with the anterior pulpy points. It is also of no little moment in endeavoring to elicit the comparative sounds of the two sides of the chest, that they should be percussed with the same force, under the same angle, and on the same corresponding points, as nearly as possible. The integuments and muscles should always be brought as tense and thin as practicable. To accomplish this on the anterior face of the thorax, the patient must throw back the shoulders and elbows, and elevate the head; on the posterior surface, this result may be effected by stooping the head and shoulders and crossing the arms in front; in the axillary and lateral regions, the hands may be crossed over the top of the head. The chest may be filled by active inspiration. The sound elicited from the healthy chest by percussion, resembles the stifled sound of a drum enveloped with a thick woolen cloth or covering. The clearness or fulness of the sound, depends upon the natural structure of the lungs being entirely filled with air, modified, however, by two circumstances, viz. the nature and thickness of the enveloping parietes, and by the nature and contiguity of adjacent structures and organs. The grand principle is, that the presence of any substance or structure which increases the density of the contained parts, will occasion a deficiency of sound, whilst the unnatural presence of aeriform contents, as in pneumo-thorax, emphysema, &c. will give origin to an increased sensation of hollowness, or a morbid clearness of sound. It is then the power of discriminating the degree of influence or interference produced by natural difference of parts, which constitutes the groundwork for the study of percussion of the healthy chest; and the talent to separate and judge of the variations produced by disease in the natural sounds, which forms the value of percussion in disease. It is then self-evident, that the application of the last named class of facts is intimately connected with the former; that a knowledge of morbid sounds must be preceded by a full, thorough, practical or rather experimental acquaintance with those of the healthy subject. It is, I am convinced, by not realizing the all-importance of this initiatory acquirement, that so many persons have given up the study at its very commencement, attributing to a want of facility and certainty in the science, what was solely attributable to their own misconception.

It would be deemed the height of absurdity for the student of medicine to endeavor to acquire a knowledge of pathological anatomy, before he was versed in the common appearances of normal structure; how

much more so, to pretend to examine into the more delicate and difficult subjects (more difficult because its facts are addressed to the ear—an organ far less cultivated, perhaps far less exact, in communicating ideas to the sensorium than the eye), that of recognizing and appreciating pathological sounds, before natural ones are well known. Let the student then commence his investigations on this subject, in the full understanding and conviction that his first and essential duty is to acquire a full, thorough and familiar knowledge of the sounds of the healthy thorax, and that he can acquire this only by diligent, repeated, reiterated experiment :

Vos exemplaria,  
Nocturnâ versate manu, versate diurnâ.

He must examine the chests of similar subjects again and again, till the sounds of every region are as familiar and obvious to his ear, as those of a favorite air, or the particular notes of a bell or musical instrument. After he has acquired this knowledge completely, let him discover the modifications produced in individuals whose thoracic parietes are considerably enveloped by integuments, muscles, fat, &c. ; let him contrast the sounds peculiar to childhood, to old age, and, if practicable, those of both sexes. When these preliminaries are accomplished, he may consider himself prepared to commence his studies on the diseased subject. And were I to recommend a course of study on this science, the first lesson should be taken upon a subject, in whom the extent of pulmonary disease should render the pathological peculiarities and changes of sound evident and marked, and this for two reasons ; first, because in this manner, the student will be more favorably impressed with the practical and unequivocal results of his pursuit ; he will be satisfied that to a certain degree, at least, its benefits are within his grasp ; and secondly, because his ear recognizing distinctly the contrast of the morbid sounds of a given disease, and the healthy sounds of the individual's chest, upon which his first experiments have been tried, their respective peculiarities will be fixed in his mind, with all the firmness of a first impression.

There are some who have discarded the employment of percussion, or rather, I should say, who have neglected its study, because its acquisition is so difficult. Such ought to give up the study of the pulse, of the physiognomy of disease, of abdominal pressure, in short of all those aids in detecting disease which are most valuable and certain ; a knowledge of which marks the dividing line between the empiric and the man of science. It is an objection unworthy of being adduced, by any one devoted to the noble profession of medicine. I would not speak slightly or disparagingly of a subject of which I have little accurate knowledge, but facts I believe will authorize the assertion, that the same amount of zeal and application requisite to attain an acquaintance with the new science of phrenology, would be amply adequate to acquire a full, practical, applicable knowledge of percussion and auscultation. Yet strange infatuation ! at the present day, it must be confessed that two students of the former are found to one of the latter.

There is a second class, who allege the uncertainty of the results derived from percussion, as an objection to its study. If the fact be so,

whence is this uncertainty of result but from imperfection in the knowledge? What aid in medicine for a long series of years is more indefinite, more uncertain, than the pulse? By a third class, an objection still more plausible is offered to the employment of these aids. This is, that the opportunity of verifying on the dead subject, the connection between the pathological changes and the morbid alterations of sounds observed, are too rare in this country to permit the practitioner to indulge any reasonable expectation of becoming *au fait* in this difficult mode of ascertaining disease. In the infancy of this science, this objection might have had some force; more certainly than it is entitled to at the present day. For the language now employed to convey descriptions of morbid variations and peculiarities of sound, renders us as capable of appreciating many, indeed I may say most of them, as definitely and as readily, as that used for the illustration of any other portion of pathological evidence. In regard to the subjects which are addressed to other senses, we are willing to take much upon trust; to depend upon the experience of others, without requiring a personal verification at every step; and however desirable such investigation may be, it is certainly far from being essential. It is true that the *public* opportunities for pathological anatomy are very limited in the United States; that the private means of study are so, is after all the fault of the practitioner himself. In New England, I have never known a practitioner who has been really desirous of making autopsic examinations, who was deprived of sufficient opportunities.

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#### ANEURISM, OF THE EXTERNAL ILIAC ARTERY.

[Concluded from page 313.]

REMARKS.—The great improvements in the treatment of diseases of the arteries, within the last thirty years, have been founded on operations apparently of a hopeless nature. When a disease seems to be past the reach of the restorative powers of the constitution, the surgeon is justified in attempting operations which present but little hope of success. These considerations will, I trust, be thought sufficient to justify an operation undertaken with so many unfavorable circumstances as this. The publication of such cases ought not to be withheld, because their termination is not favorable; for cases presenting great difficulties are quite as instructive as those done with facility. It is a high professional duty to make known the history of such cases for general information; and it seems, too, to be a piece of respect due to those who attend an operation where the essential part is concealed from the eye of spectators, to explain to them the course it took, and the difficulties it presented. This operation, as already stated, was undertaken with reluctance, on account of the bad condition of the patient from the long and excessive use of ardent spirits. Moreover he was in a very low state; and his disease promised to offer great difficulties and dangers. The anticipated difficulties turned out to be such as were expected; but in addition to these, others presented, which were extraordinary, and were not anticipated.



The course of this operation was very satisfactory to the point where the artery was discovered ; and it was executed in a short time. At the moment the difficulties seemed to be overcome, they presented in their full force. The dissection of the muscles, the raising of the fascia transversalis, the peeling up of the peritoneum, were accomplished with comparative facility. It was not till the aneurism needle was passed to the further side of the artery, that it was found impracticable to discover the ligature by the touch. The substitution of an instrument with a moveable point seemed to promise that this impediment would be overcome : but the length of the curve of the needle made it most difficult to turn it without the aid of the finger, and this was not sufficiently long to favor this manœuvre. The depth of the wound was five inches. The greatest room which could be gained externally was less than three ; and this was diminished by the active muscular contraction which occurred. It might be thought that by some contrivance more room might be gained. But this was not possible. The incision was found to be exactly in the most favorable place. It extended obliquely from the edge of the ribs to the aneurismal tumor, and even over the tumor. Room, then, could not be gained upwards, on account of the ribs, nor would it have been of any use in that direction. Downwards, the incision could go no further, for it reached the sac. A cross incision inwards would have come on the intestines ; and besides, would have made a breach in the abdominal parietes which could not have been healed. The ligature was at length passed by seizing the moveable point of an aneurism needle with dressing forceps. To discover this point under the intestines, within the psoas muscle, was an affair of great difficulty, on account of the stiffness of the muscles, which prevented turning the internal end of the forceps sufficiently downwards. When the ligature was safely drawn out, a new embarrassment was caused by the complaints of the patient on tying it ; for although there was the most perfect evidence the nature of the case permitted that nothing was included therein but the artery, the appearance was too striking to justify an operator in allowing the ligature to remain under such circumstances without further examination. Having this ligature on the vessel, it was thought justifiable to cut the tendon of the external oblique muscle over the aneurismal tumor. The finger being placed on the top of the tumor, and the internal oblique and transversalis muscles being supposed to cover its face, such an incision appeared safe ; but in doing this, the sac was wounded, by reason of the extraordinary hernia the sac had made through these muscles. This, though it had a formidable aspect at the instant, was of no moment, for the ligature on the artery being still tight, prevented a drop of blood issuing, excepting from the sac. The discharge of blood from the sac lessened the prominence of the tumor, and the cut of the tendon made sufficient room to feel the artery more fully, to pass another ligature higher than the first, and to relax the lower, which had only a single knot. The place where the ligature was applied was two inches below the bifurcation of the aorta ; and as the primitive iliac is usually more than two inches long, it was supposed the ligature



was on the primitive iliac. It appeared, however, that from the shortness of this artery, the ligature was in fact applied below the division of the vessel. This would be considered as a favorable occurrence, because the limb would have the important advantage of a supply from the internal iliac. The ligature was applied as high, however, as it would be, in ordinary cases, in tying the common iliac artery. The iliac vein caused no embarrassment. It was not even distinguished during the operation. The ureter was safely raised with the peritoneum, and was not sensible to the touch.

The hæmorrhage during the operation was very slight, excepting what arose from the sac; but, as has been already stated, this had no unfavorable influence on the patient's strength, as the blood was arrested in its course through the artery by the temporary application of the first ligature; and the patient did not die of exhaustion, but from constitutional sympathy, as frequently happens after great operations and other considerable lesions.

A question arises whether it might not be possible to construct an instrument which would reach and surround an artery at the depth of five inches from the surface. In many cases I think there would be no great difficulty in constructing an instrument applicable under such circumstances. In a case like this related, it would probably be impracticable to devise any instrument which would pass easily, without loss of time, and without violence to the important parts exposed. The depth of the wound, the narrowness of its aperture, the contracted state of the muscles, the interference of the aneurism, the position of the artery within the edge of the psoas, seemed to present obstacles not to be surmounted without an effort dangerous to the peritoneum and to the natural attachments of the artery. Let it be understood that the exposing an artery, and the passing a ligature on it, are quite different affairs. Many times we can reach and touch an artery with ease, which it would be very difficult to girt with a ligature;—for the reaching and exposing a deep artery may be done by a single finger; but something more is required to raise, encircle, and bring out from it a ligature. If I were to operate on a similar case, I should employ an instrument eight inches long, with a curve which might be subtended by a straight line not over an inch long, with a moveable point not more than a quarter of an inch, fixed in a socket and capable of being disengaged by a spring. Such an instrument it is my intention to have constructed. To bring it out, I should be obliged to rely on a long dressing forceps, made with flat blades and a rounded extremity. The instrument of Savigny would not answer in such a case as the above. It is not long enough, and the extremity of the moveable blade would endanger the peritoneum, and would become entangled in the cellular membrane.

The history of this case will appear long to all, but those who may have occasion to do a similar operation. To such, the details will seem defective rather than redundant. Operations on the great arteries are more susceptible of fixed rules than many other manipulations practised on the human frame; yet they are of all operations the most delicate, the most dangerous, the most dependent on a precise anatomical science, and on

a practical acquaintance with such operations on the living subject. While we duly estimate these circumstances, we must take into view, as an encouraging fact, that many such operations are successful. It has fallen to my lot to operate for aneurisms on most of the large arteries—on some of them a number of times; and the results have been favorable in every instance previous to this, with a single exception. This exception occurred in the case of a ligature of the lower part of the external iliac in a coachman, who was, like the subject we have spoken of, notorious for the use of ardent spirits. He died of inflammation of the intestines, owing to his bad habits and to the quantity of blood thrown suddenly on the intestines by the ligature of the iliac; the peritoneum near the wound not being inflamed nor injured. In the ligatures of a great number of the large arteries for wounds, no one instance has occurred to me of an unfavorable termination following from the effects of the operation itself.

*Boston, Dec. 1836.*

J. C. WARREN.

#### MEMOIR OF THE LATE DR. D. KING, OF NEWPORT, R. I.

DR. DAVID KING (whose decease was recently noticed) was born in Raynham, Mass., in the year 1774. He graduated at Brown University, during the Presidency of Maxcy, in 1796, and pursued his medical studies under the direction of the venerable Dr. James Thacher, of Plymouth. In 1799 he came to Newport, and began the practice of his profession.

In the early period of his professional career, his attention was drawn to the consideration of the vaccine disease, then first introduced into the United States. Regarding it as an invaluable discovery, he proceeded, notwithstanding the strong opposition of popular prejudice, to benefit his fellow citizens, by the application of the newly discovered principles in his science. In thus early adopting the views of the immortal Jenner, and carrying them out in practice, he displayed a decision and independence of mind which strongly characterized him through life.

Having acquired the habits of a student during his collegiate course, he vigorously applied them to the attainment of a thorough knowledge of his profession. In this he was aided by the valuable library of the late Dr. Center, which came into his possession soon after his settlement in Newport. His mind was eminently practical, and endowed with those patient powers of exertion which are necessary to arrive at truth in any science or art. His professional knowledge was therefore such as to give him a just claim to the attentions of his fellow citizens; this, added to the kindness of his heart, his correct deportment and unassuming manners, opened to him, almost from the first, an extensive practice. The exercise of a sound, discriminating judgment in his medical practice, and the study of the standard works in his profession, furnished his mind with principles to guide him in the treatment of the various forms of disease. The possession of these elevated him above the sphere of the routine practitioner, and gave him in cases of difficulty a manly confidence in the resources of his own mind. The University at which he

was educated, evinced their high estimation of his professional character, by conferring on him, in 1821, the honorary degree of M.D.

For several years he held the appointment of surgeon to the detachment of U. S. troops stationed at Fort Walcott. In 1819, during the prevalence of the yellow fever in this place, his great skill and experience were actively and successfully called into operation, in repelling that terrible malady. At that time it was the part of humanity to refute the errors of those, who regarded that disease as invariably and certainly propagating itself, and as exposing those who attended upon the sick to almost certain death. Not admitting the contagious character of the disease, he attributed it to a more general and pervading cause, and by his intrepidity, and free personal exposure, attested his confidence in the truth of his theoretical views.

Ardently attached to his profession, he was ever ready to promote all useful and liberal plans which might contribute to the improvement and elevation of its character. He was one of the earliest promoters of the Rhode Island Medical Society, in which he successively held the offices of Censor, Vice President, and President. He was elected President in June, 1829, and continued in that office until July, 1834.

But his profession did not usurp all his attention. He was always a friend and advocate of those means of public improvement by which the feelings of a community are liberalized, and an impulse is given to its moral, as well as physical energies. The same practical understanding and active energy which he devoted to his profession, were exhibited in the promotion of the various institutions with which he was connected, so that wherever he acted, his influence was felt. In the revival of the Redwood Library, in 1810, he was an active co-operator with other public spirited men, and he was long a Director, and at last President of that Institution, until ill health compelled him to resign that office.

The uprightness of his character, and the strength of his judgment, induced many to consult him as a friend, to whom, notwithstanding the pressing cares of his professional life, he rendered valuable services. The warm sensibilities of his heart ever prompted him to disinterested action, which made him the object of pre-eminent respect while living, and will forever perpetuate his memory in the hearts of his friends. In private life, his character was adorned by every quality which constitutes goodness.

In August, 1834, he suffered an attack of paralysis, brought on from exertion in the discharge of his professional duties. Since then, his constitution gradually failed until his death, Nov. 14th, 1836. When he had thus been struck down in the midst of active life, the attachment of the community to him was most signally exhibited. Throughout the community there was an universal conviction that society had lost a benefactor, an invaluable member. In the extensive circle of his own patients, there prevailed a feeling of personal loss which no other person could supply. Few men have lived more respected, or died more lamented. His monument is in the hearts of the community.

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 BOSTON, DECEMBER 28, 1836.
 

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## PATHOLOGY OF EPIDEMIC CHOLERA.\*

"It may be inquired by some fastidious critic," says Dr. Sherrill, "why any one should undertake, at this period, to offer the public anything on the subject which the following treatise embraces, after so much has been said and written." Now the author of this small essay has been doing good service in recording his experience regarding this heretofore panic-striking malady. The time will come when those to whom the disease, in all its phases, is familiar, will have left the stage, and succeeding ages can only be made acquainted with its past character through the writings of medical men of the present time. Instead of discouraging this disposition to increase our stock of pathological knowledge, physicians, of all men, should offer every possible facility, and sustain those who voluntarily labor, almost without the hope of reward, in contributing to this desirable object.

Dr. Sherrill is not only a close observer of facts, but he possesses a vein of humor which is quite invigorating. When wit can be exhibited without lessening the dignity of an investigation, it is as admirable in medical, as in other writings. Here is a paragraph which the author borrowed, on the subject of cholera being a divine judgment.

"In the very first year of the pestilence (1832), consumption carried to the grave double the number of those who fell victims to the epidemic, in this country. But Cholera came from God, while consumption comes from climate! This doctrine is scarcely less impious than preposterous. More than one half of the towns, villages, and hamlets of England, entirely or almost entirely escaped the divine visitation—*ergo*, there were no sins to be punished in these favored spots. Of the two universities, Oxford (the poor of) was scourged, while Cambridge remained free—*ergo*, the poor inhabitants of Oxford were wicked, while the fat professors and the virtuous youths of both seminaries were the chosen people! Glasgow, where stands the colossal statue of John Knox, was desolated by Cholera; but Rome, where the *lady* in scarlet is considered to hold her court, has hitherto remained free from the pestilence."

That endless variety of publications, which accumulate on an editor's table, forbid us from noticing each minutely, deserving, as a majority of them are, of a careful analysis. This little work by Dr. Sherrill is entitled, and we therefore recommend it, to the attention of our professional brethren.

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 THE DISSECTOR'S GUIDE.

MR. TICKNOR, at the corner of School and Washington streets, has issued a second edition of Tuson's *Student's Companion*, or the *Dissector's Guide*,

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\* On the Pathology of Epidemic Cholera, with some preliminary observations on the history of the disease, and the general cause and nature of Epidemics, containing an improved plan of treatment, the means of prevention, and rules for corporations and individuals to pursue. By Hunting Sherrill, M.D. Poughkeepsie, N. Y.

recently, revised and enlarged, and embracing all that is valuable to be known in the dissecting room, by Dr. Lewis, of this city, who prepared the first edition some two years ago. Although the illustrations on wood are very accurate, they are rather coarse; but had they been executed on stone or copper, without being essentially better, the price would necessarily have been enhanced. It is the cheapest anatomical manual within our knowledge, and therefore recommends itself to every medical student. It occurs to us to remark that Bell's *Anatomy* is wanted exceedingly, in a revised form. If some one does not undertake the business, we entertain an idea of doing it ourselves.

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*Worcester Insane Hospital.*—On passing that vast pile of buildings, the other morning, which collectively constitute the State Hospital for the Insane—the noblest act of benevolence the Commonwealth could have devised—it occurred to us that it would give additional interest to Dr. Woodward's annual report to the Legislature, which will probably be made some time in January, if it could be accompanied by a beautiful lithographic picture of the establishment. This is merely a suggestion for the consideration of the Commissioners.

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*Nitrate of Silver for the Cure of Chilblains.*—Dr. Gamberini recommends the following remedy to prevent the ulceration, and even to disperse chilblains; they should be moistened with a piece of linen slightly soaked in water, so as to keep the skin soft and moist, without being exactly wetted; and when thus prepared, a piece of nitrate of silver is to be rubbed on the chilblain; moderate pressure should be used, and it should be slowly passed several times over the part. In a few minutes the epidermis becomes very slightly whitened; at the end of some hours, and generally when the part is exposed to the light, as in the chilblains of the hands, the epidermis becomes brownish, and presents a greater consistence to the touch. The effect is just the same as that produced on the fingers when a piece of this caustic is handled without precaution. A strong pressure or more prolonged application of the remedy will denude the part; the same thing will happen if the surface be too much wetted before cauterization. But, in general, we may say that when the cauterization is maintained within proper limits, it causes no pain, and rarely a slight pricking.

This simple treatment relieves the patient from all inconvenience, in the course of a few days. It may, however, become necessary to re-apply it once or twice.—*London Med. and Surg. Jour.*

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*Mass. Gen. Hospital.—Extirpation of Tumor—Amputation of Thigh.*—There were two operations at the hospital on Saturday, Dec. 10th.

The first was for a small tumor on the front part of the chest. The patient, a clergyman, 40 years of age, first noticed the tumor six months since. It was then quite small, about the size of a chesnut, situated over the inner third of the 4th rib, and unaccompanied with pain. Since then, the tumor has gradually increased to its present size; it has not troubled him until during the last three weeks, when he has occasionally experienced a slight lancinating pain in it. Now there is presented, on examination, a small, hard, moveable tumor, about an inch in diameter, seated

just under the skin, with a slightly inflamed base. The surface of the tumor is red, and has somewhat the appearance presented by cancer in the female breast, just previous to ulceration.

Dr. Hayward removed the tumor by two semicircular incisions through the integuments, dissecting it up without difficulty from the muscle. There was no hæmorrhage. The edges of the wound were easily brought together by adhesive straps; and the dressings kept in their places by a bandage round the waist.

The second operation was an amputation of the leg—performed by Dr. Warren, for disease of the knee-joint. The patient was a young, unmarried woman; by occupation, a tailoress.

Thirteen years since, during the winter, she had a fever, which she attributed to a cold, caught while washing, having previously been out of health, the preceding summer. During her convalescence from the fever, she was seized with a severe pain, accompanied with swelling, in the right knee, just over the head of the tibia. An abscess formed at this point, and discharged itself. The leg, at this period, became flexed to nearly a right angle with the thigh, and has remained in that position since. Some time in the following summer, a portion of the tibia, about three inches in length, came away from the wound. After this, the opening closed, and has remained so since. Other abscesses, however, have formed at various times over the head of the tibia, and portions of bone been discharged.

Two years since, abscesses began to form above the knee-joint, and the openings at these points have continued unclosed. From one of them, on the inside of the joint, some small spiculae of bone have appeared.

During the first part of the disease, her health was much affected; she lost her strength, and her appetite was impaired. Within the last few years, however, her health has gradually improved, so that she has been able to move about on crutches, and to work at her trade. She has always suffered with a constant dull pain in the thigh and leg, aggravated during the formation of the abscesses, or during any inflammation around the openings which already existed.

Three weeks since, she fell down stairs, and received a severe blow on the affected knee. Since that accident, the pain has been very intense, preventing sleep, and of quite a different nature from that which she had previously experienced. At the time of the accident, some hæmorrhage took place from one of the openings on the outside of the knee. Now, on examination, patient sitting up in chair, leg drawn up, forming a right angle with thigh, the limb is lying over and supported on the knee of the sound side. This position has been maintained for three weeks, i. e. since the fall. The knee itself is enlarged, integuments smooth and tense, somewhat painful on pressure. Below the knee joint, and over the tibia, are one or two large cicatrices; one on the lower and inside of thigh, just above the knee joint, and another two inches higher on the outside. Limb below the knee is somewhat painful—much diminished in size.

On account of the situation of the cicatrices on the lower part of the thigh, it was difficult to perform any of the ordinary processes usually practised for amputation. From the height of the cicatrices on the outside of the limb, and the adherence of the integuments, the circular operation could not be employed. For the same cause, the flap operation, as commonly performed—with two equal flaps from either side of the limb, or from above and below—was also out of the question. For these

reasons, Dr. Warren determined to operate so as to get as large a flap as possible from the front part of the thigh, which would of itself cover the bone, and a small flap only to be taken from behind. The operation was as follows.

The patient being brought to the edge of the table, and the diseased limb supported by an aid, compression was made on the femoral artery in the groin. The operator, with a short broad knife, commenced his incision on the inside of thigh, about six inches above the internal condyle of the os femoris; by cutting from the inner to the outer part of the limb, a large oval flap was formed on the front part; then by an oval incision on the back part of the thigh, a small flap was obtained about half the size of the former. A circular incision divided the deep-seated muscles adherent to the bone. The flaps being held back by an assistant, the bone was sawed off a little more than five inches above the joint. The femoral artery, as is most usually the case in flap operations of the thigh, retracted deeply within the sheath of the triceps muscles, and was seized with some difficulty. This was the only artery requiring ligature. The flaps came well together—the larger one falling over, and entirely covering the bone. The wound was dressed with adhesive straps, the cross, and a circular bandage.

The knife used in this operation was somewhat peculiar, being about four inches long and one and a half broad, and was much more easily managed than any of the amputating knives usually employed in the flap operation. Where the flaps are to be made by transfixing the limb, an entirely different instrument would, of course, be required.

On examination of the diseased joint, a partial ankylosis was found to have taken place; the lower portion of the femur was somewhat enlarged—the periosteum much thickened. The head and upper portion of the shaft of the tibia seemed to have been in a state of necrosis; one or two openings in the bone, newly formed, communicated with its cavity, in which the dead portion was enclosed.

The patella had been drawn to the inner side of the joint, a little turned on its side and ankylosed with the other bones composing the articulation. An infiltration of blood had taken place into the cellular membrane surrounding these parts, probably the result of the contusion she had lately received.

ERRATUM.—In the last hospital report, page 322, instead of *anus* read *ankle*.

*Medical Miscellany.*—There have been thirteen deaths by smallpox at Maysville, Ky. The disease still exists in the town, to the disgrace of its inefficient magistracy.—Twenty-three colleges in the United States have authority for conferring medical degrees.—Cholera morbus now rages at Belise: it is believed that the cordon established by Dr. Galves, chief of Gautamala, kept this desolating malady, for such it has shown itself of late, entirely at bay, which otherwise would have overspread the interior.—The smallpox is very prevalent at Richmond, Virginia—Dr. Hunt is the physician of President Jackson.—Cases of poisoning have occurred in England by cleaning bottles with shot.—A negro died recently at Abbyville District, S. C., aged 121 years.—The Lancet finds fault with the Poor-Law Commissioners, and says there should be a British Medical Association.—The beadles of Apothecaries' Hall have been making club work with the medical students who wanted registering at Blackfriars.



Whole number of deaths in Boston for the week ending December 24, 34. Males, 17—females, 17. Child-bed, 1—dropsy on the brain, 3—lung fever, 1—disease of the heart, 1—teething, 1—consumption, 4—apoplexy, 1—scrofula, 1—old age, 2—indammation, 1—scald, 1—dropsy on the chest, 1—fits, 1—typhus fever, 7—infantile, 1—asthma, 1—dysentery, 1—hives, 1—ulcers, 1—marasmus, 1—stillborn, 6.

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N16—tf

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tf—Oct. 19

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Jan 30—lyep

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